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APPLICANTS

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** CONTINUING DATA ***** I.A. None

This application is a CIP of 10/225,325 08/21/2002 PAT 6,970,245
 and is a CIP of 09/630,927 08/02/2000 PAT 6,549,275

** FOREIGN APPLICATIONS ***** I.A. None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>I.A.</u>	MN	24	57	3

ADDRESS

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TITLE

Optical alignment system for flow cytometry

FILING FEE RECEIVED 1566	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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